## PLAINTIFF CONSENT FORM

I hereby consent to make a claim against Defendants, 4 Mile Inc., Ambrose T. Schwartz, Jr., Diane M. Schwartz, Sylvester Weaver, and Pamela Weaver, for overtime and regular pay. During the past three (3) years, there were weeks that I worked as a Dancer for Defendants during which time Defendants failed to pay me minimum wage and overtime and made unlawful deductions from my pay

Signature and Date

Print Name

Address

City, State, Zip Code

Home Telephone

Mobile Telephone

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E-Mail Address

Emergency Contact (and phone number)

June 2010 - present

Dates of Employment with Defendants

PLEASE SIGN AND RETURN TO: MOEN SHEEHAN MEYER, LTD. 201 MAIN STREET, SUITE 700 LA CROSSE, WISCONSIN 54601 OR EMAIL/FAX TO JPETERSON@MSM-LAW.COM PHONE: 608-784-7310 FAX: 608-782-6611